

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
96 County
30 Township
9 City of St. Louis (No. 1220 Dolman St. 2) Ward
2. FULL NAME Jacob Klein, Sr.
(a) Residence, No. 1220 Dolman Street, 22 Ward. /
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

3811
File No.
Registered No. 847
St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 262
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) Ontario Canada 5
(STATE OR COUNTRY)
13. NAME Geo. Klein
14. BIRTHPLACE (CITY OR TOWN) France 9
(STATE OR COUNTRY)
15. MAIDEN NAME Unknown 31
16. BIRTHPLACE (CITY OR TOWN) Victoria
(STATE OR COUNTRY)
17. INFORMANT Jacob Klein, Jr.
(ADDRESS) 1220 Dolman Street
18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus in DATE Jan. 20, 1937
19. UNDERTAKER A. H. McLaughlin
(ADDRESS) 2301 Lafayette Ave.
20. FILED J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1937
22. I HEREBY CERTIFY, that I attended deceased from Dec 26, 1937, to Jan 18, 1937.
I last saw him alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 2 yrs.
Chronic Interstitial Nephritis 2 yrs.
Other contributory causes of importance: 181
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. O. Karm M. D.
(Address) 2002 So Broadway

